

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET**

SERIAL NO. 1079955  
APPLICANT(S)

FILING DATE

**CLAIMS**

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT											
	IND	DEP	IND	DEP	IND	DEP		IND	DEP	IND	DEP	IND	DEP	IND	DEP	
1							51		/							
2							52		/							
3							53		/							
4							54		/							
5							55		/							
6							56		/							
7							57		/							
8							58		/							
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13							63		/							
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18							68		/							
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35							85									
36							86									
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38							88									
39							89									
40							90									
41	/						91									
42		/					92									
43		/					93									
44		/					94									
45		/					95									
46		/					96									
47		/					97									
48		/					98									
49		/					99									
50		/					100									
TOTAL IND.							TOTAL IND.	2								
TOTAL DEP.							TOTAL DEP.	35								
TOTAL CLAIMS							TOTAL CLAIMS	37								